

TFQ pilot project seeks to test quality improvement model

From the inception of Alabama's Together for Quality initiative, project stakeholders have explored ways to use data and technology to improve patient health outcomes. Now, stakeholders are watching closely as Patient 1st physicians in 11 Alabama counties pilot test a carefully crafted quality improvement (QI) model they believe will ultimately transform the state's Medicaid program.

The proposed QI model includes care management and use of an electronic clinical support tool, according to Medicaid Medical Director Mary G. McIntyre, M.D., co-chair of the TFQ Clinical Workgroup, a multi-disciplinary group comprised of physicians and other health care providers as well as representatives from academia, professional associations, state agencies and others.

"This model is based on our belief in the importance of having as much health information as possible to get a more complete picture of a patient," Dr. McIntyre said.

Launched in Pike and Bullock counties in February, the pilot project will be expanded to nine other counties by summer of 2008. Medicaid staff members are now recruiting physicians for pilot test efforts in Calhoun, Houston, Jefferson, Lamar, Montgomery, Pickens, Talladega, Tuscaloosa and Winston counties.

The pilot project will test the effectiveness of the electronic clinical support tool, care management or a combination of the two by their impact on specific QI measures for asthma and diabetes, the chronic diseases chosen by the workgroup for the pilot project. Four additional diseases – cardiovascular disease, stroke, chronic obstructive pulmonary disease and obesity – have been targeted for future emphasis.

According to Dr. McIntyre, specific QI measures for asthma are asthma controller use, annual influenza immunization, emergency department visits for asthma and hospitalizations for asthma. The measures for diabetes are Hb (Hemoglobin) A1C testing, annual influenza immunization, lipid management, annual dilated eye exam and annual urine protein (micro albumin).

Medicaid will identify recipients for pilot project participation through a patient stratification and risk scoring process. "We will look first at those patients in the Patient 1st providers' panels who appear to have missed the most measures for either disease, and are at higher risk for a poor health outcome," Dr. McIntyre explained.

Patients identified by Medicaid will be referred to the Alabama Department of Public Health where care coordinators will use specific protocols and educational resources to improve patient compliance and overall health outcomes.

"Since this is a pilot project, it is an opportunity to identify additional services that may be beneficial in a care management setting," Dr. McIntyre said. "We are encouraging participating providers to make suggestions for changes that may result in even better outcomes."

